> DO NOT DETACH

	PLEASE TYPE OR	PRINT	Entered previo	us May Show	
	☐ Ms. ☐ Mr. Artist	+LK	ROBER	□ no	
	Permanent 3445 Superior PARK CLE				
	44/18 Street	Tel. (2/6)	321-627	City	
	Zip	Area Code			
Temporary or Studio Address CAME					
			City		
		Tel. ( )			
	Zip	Area Code			
	If you do not presently live in one of the counties of the Western Reserve, which county were you born in?  Collaborator  (If Any)  If May Show entries are not accepted or not sold:  Artist will pick up at Museum.  Museum should dispose of.  Museum should ship to artist C.O.D. at this address:				
	Special Instructions When necessary include below instructions or a drawing of how the object is to be assembled and displayed.				

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Robert Full